

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages: <u>54</u></p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST <u>Karl</u> MI <u>P.</u> NICKNAME LAST SUFFIX <u>Mooney</u></p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>MAY 15 2017</p> <p>BY: <u>dm</u></p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3101 Walnut Grove Ct.</u> <u>College Station, Tx 77845</u></p>											
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <u>(979) 314 4304</u></p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST <u>Danny</u> MI NICKNAME LAST SUFFIX <u>Strubling</u></p>										
	<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5306 Jupiter Hills Ct.</u> <u>College Station, Tx 77845</u></p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <u>(979) 690 7595</u></p>										
<p>9 REPORT TYPE</p>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)								
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year <u>07</u> <u>12</u> <u>5</u> / <u>16</u> THROUGH <u>5</u> / <u>12</u> / <u>17</u></p>										
<p>11 ELECTION</p>	<table style="width:100%;"> <tr> <td style="width:40%;"> <p>ELECTION DATE</p> <p>Month Day Year <u>11</u> / <u>8</u> / <u>16</u></p> </td> <td style="width:60%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year <u>11</u> / <u>8</u> / <u>16</u></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>						
<p>ELECTION DATE</p> <p>Month Day Year <u>11</u> / <u>8</u> / <u>16</u></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>										
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> <p><u>Mayor</u></p>	<p>13 OFFICE SOUGHT (if known)</p> <p><u>Mayor</u></p>										

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Karl P. Mooney

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Mooney for Mayor Campaign

5306 Jupiter Hills Ct, College Station, TX 77845

Danny Strubling

5306 Jupiter Hills Ct, College Station, TX 77845

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *875.00*

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *10,445.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ *1,183.55*

4. TOTAL POLITICAL EXPENDITURES

\$ *18,716.93*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

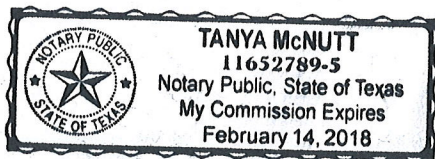
\$ *0.00*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ *0.00*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Karl P. Mooney
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Karl P. Mooney

, this the

15th

day of *May*, 20 *17*, to certify which, witness my hand and seal of office.

Tanya McNutt
Signature of officer administering oath

Tanya McNutt
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Karl P. Mooney</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,445.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,000.00</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>13,540.37</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,445.00</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>12,719.19</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>5,522.93</i>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/16

5 Full name of contributor

James Murt

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4003 Manchester Ln, College Sta, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/16

Full name of contributor

Robert Kellner

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2105 Chippendale St., College Sta, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/16

Full name of contributor

Mary DoPrince

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

35.00

Contributor address;

City; State; Zip Code

2800 Longmire #51, College Sta, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/16

Full name of contributor

Clint Cooper

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

28.9444, College Station, TX 77844

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME *Karl P. Mooney*

3 Filer ID (Ethics Commission Filers)

4 Date
9-10-15

5 Full name of contributor ☐ out-of-state PAC (ID#:

Wayne Rife

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
6795 Batts Ferry Rd., College Sta., TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-1-16

Full name of contributor ☐ out-of-state PAC (ID#:

Anne Steele

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

5670 Whites Creek Lane, Coll. Sta., TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-28-16

Full name of contributor ☐ out-of-state PAC (ID#:

Ron Schmidt

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

835 N Rosemary Rd., Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-16

Full name of contributor ☐ out-of-state PAC (ID#:

Jodi Whitten

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

904 Francis St., College Sta., TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1

10

2 FILER NAME

Karl P. Moduey

3 Filer ID (Ethics Commission Filers)

4 Date

9-25-16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Randi Mays-Krapp

6 Contributor address; City; State; Zip Code

905 Durden Ct., College Station, TX 77845

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-28-16

Full name of contributor

☐ out-of-state PAC (ID#)

Mark + Mary Middlebrooks

Contributor address; City; State; Zip Code

5308 St. Andrews, College Stn, TX 77845

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-7-16

Full name of contributor

☐ out-of-state PAC (ID#)

John Edge

Contributor address; City; State; Zip Code

630 Rancho Escondido, Rancho Viejo, TX 78575

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-7-16

Full name of contributor

☐ out-of-state PAC (ID#)

Rebecca O'Dea

Contributor address; City; State; Zip Code

3940 Prince Wm Hwy 106, Woodbridge, VA 22193

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *10*

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 Date

9-5-16

5 Full name of contributor

Dennis Goehring

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

844 S. Rosemary Dr., Bryan, TX 77802

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8-31-16

Full name of contributor

Neva Hughes

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

5187 Risada St., San Antonio, TX 78237

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-29-16

Full name of contributor

Marjorie Janacek

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

1004 Pinyon Dr., College Stn., TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-16

Full name of contributor

Dan Leverett

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

4555 Krueger Rd., Washington, TX 77880

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Karl P. Moody

3 Filer ID (Ethics Commission Filers)

4 Date

10-9-16

5 Full name of contributor

Aspok Naidu

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

3708 N 70th Lane, Phoenix, AZ 85085

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-1-16

Full name of contributor

David + Debbie Wentling

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

17978 Saddle Creek Dr, College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-12-16

Full name of contributor

Shushu + Yuan Dai

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

931 Dove Run Trail, College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-19-16

Full name of contributor

Dee Ferreri

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

8623 Rosewood Dr, College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 Date

10-3-16

5 Full name of contributor

Michael Gentry

☐ out-of-state PAC (ID#)

6 Contributor address;

6600 Rosewood Dr, College Sta, TX 77845

City; State; Zip Code

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Date

10-17-16

Full name of contributor

Neva Hughes

☐ out-of-state PAC (ID#)

Contributor address;

5127 Rosada St, San Antonio, TX 78217

City; State; Zip Code

Amount of contribution (\$)

700.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Univ. Tex. San Antonio

Date

10-12-16

Full name of contributor

Marna Hill

☐ out-of-state PAC (ID#)

Contributor address;

3804 Lotis St, College Station, TX 77845

City; State; Zip Code

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10-13-16

Full name of contributor

Les Myers

☐ out-of-state PAC (ID#)

Contributor address;

Albuquerque, New Mexico

City; State; Zip Code

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Academic Advisor

Employer (See Instructions)

Univ. of New Mexico

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Karl P. Moore

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Bob & Nancy Fietz

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

13483 Alicia Ct., College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/15/16

Full name of contributor

☐ out-of-state PAC (ID#)

Marjorie Janacek

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1004 Puryear Dr., College Stn., TX 77840

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/14/16

Full name of contributor

☐ out-of-state PAC (ID#)

Kristi Boyd

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

444 Ashburn Ave., College Stn., TX 77840

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/13/16

Full name of contributor

☐ out-of-state PAC (ID#)

Ken Lightsey

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

9813 River Rd., Coll. Stn., TX 77845

Principal occupation / Job title (See Instructions)

Contractor / Property Manager

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME Karl P. Mordney

3 Filer ID (Ethics Commission Filers)

4 Date 10/27/16 5 Full name of contributor Mike Southerland ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$) 750.00

6 Contributor address; City; State; Zip Code 3001 Parkway Ter., Bryan, TX 77802

8 Principal occupation / Job title (See Instructions) Insurance sales

9 Employer (See Instructions) Self

Date 10/27/16 Full name of contributor Nick Pirgeaux ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code Houston, TX

Principal occupation / Job title (See Instructions) Sr. Acct Manager

Employer (See Instructions) VENDOR - US

Date 10/21/16 Full name of contributor Danny & Linda Stirling ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 200.00

Contributor address; City; State; Zip Code 5306 Jupiter Hills Ct, Dallas, TX 75245

Principal occupation / Job title (See Instructions) Realtor

Employer (See Instructions) Century 21

Date 10/28/16 Full name of contributor Scott Stagle ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code 1524 Weyburn College St., TX 77845

Principal occupation / Job title (See Instructions) Industrial Fluid Sales

Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>Karl P. Mooney</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10-29-16</u>	5 Full name of contributor <u>TRF PAC / Texas Assoc of Realtors PAC</u> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <u>P.O. Box 2846, Austin, TX 78768-2846</u>	7 Amount of contribution (\$) <u>3,000.00</u>
8 Principal occupation / Job title (See Instructions) <u>P.A.C.</u>		9 Employer (See Instructions)
Date <u>10-25-16</u>	Full name of contributor <u>Brian Restivo</u> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>4772 Rocky Creek Trl, College Station, TX 77845</u>	Amount of contribution (\$) <u>75.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11-02-17</u>	Full name of contributor <u>Mark + Mary Middlebrooks</u> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>5308 St. Andrews, College Station, TX 77845</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11-03-17</u>	Full name of contributor <u>Tara Dean</u> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>Beaver Pond Ct., Bryan, TX</u>	Amount of contribution (\$) <u>1,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 Date

11-03-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Judi Warren

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

904 Francis Dr, College Station, TX 77840

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-16-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

College Station Prot. Firefighters Assoc

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

P.O. Box 1088 R, College Station, TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Karl P. Mooney</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,000</u>	
5 Date <u>10/10/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Eric Provost</u>	8 Amount of Contribution \$ <u>3,000</u>	9 In-kind contribution description <u>Design & maintain website</u>
7 Contributor address; City; State; Zip Code <u>4472870W College Station, TX 77840</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>website designer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>AGATEX</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 12,540.37

5 Date of loan

10/7/16

7 Name of lender

☐ out-of-state PAC (ID#:

Karl P. Mooney

9 Loan Amount (\$)

6,925.90

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

2101 Walnut Grove Ct, College Sta, TX 77845

10 Interest rate

0.00

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Univ. Admin. / Director

13 Employer (See Instructions)

Texas A&M Univ.

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

10/7/16

Name of lender

☐ out-of-state PAC (ID#:

Laura D. Mooney

Loan Amount (\$)

3,415.38

Is lender a financial institution?

Y ☒ N

Lender address; City; State; Zip Code

2101 Walnut Grove Ct, College Sta, TX 77845

Interest rate

0%

Maturity date

NA

Principal occupation / Job title (See Instructions)

Program Coordinator

Employer (See Instructions)

Texas A&M Univ.

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>2</i>
2 FILER NAME <i>Karl P. Mooney</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>17,540.37</i>
5 Date of loan <i>10/23/16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl P. Mooney</i>	9 Loan Amount (\$) <i>1754.09</i>
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <i>2201 Walnut Grove Ct., College Stn., TX 77845</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>NA</i>
12 Principal occupation / Job title (See Instructions) <i>Univ. Admin. Director</i>		13 Employer (See Instructions) <i>Texas A&M Univ.</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>Self</i>	
18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>11/8/16</i>	Name of lender <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl P. Mooney</i>	Loan Amount (\$) <i>445.00</i>
Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code <i>2201 Walnut Grove Ct., College Station, TX 77845</i>	Interest rate <i>0%</i>
		Maturity date <i>NA</i>
Principal occupation / Job title (See Instructions) <i>Univ. Admin. Director</i>		Employer (See Instructions) <i>Texas A&M Univ.</i>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total p 5 Schedule F1		2 FILER NAME <i>Karl F. Moorey</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/29/16</i>		5 Payee name <i>Natasha Ronda</i>			
6 Amount (\$) <i>160.00</i>		7 Payee address; City; State; Zip Code <i>1614 Cloverdale Ct, College Sta, TX 77840</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Labor</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9/29/16</i>		Payee name <i>Eddie Bass</i>			
Amount (\$) <i>160.00</i>		Payee address; City; State; Zip Code <i>1711 Summerwood Loop, Bryan, TX 77807</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9/29/16</i>		Payee name <i>Lanier Charles</i>			
Amount (\$) <i>80.00</i>		Payee address; City; State; Zip Code <i>2606 B Pecan Ridge Dr, Bryan, TX 77802</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total per Schedule F1: 3	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/16	5 Payee name Jacob Aleshierman	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 1814 Yellowhouse Ct. Apt D, College Stn., TX 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/27/16	Payee name Karl P. Mooney	
Amount (\$) 560.00	Payee address; City; State; Zip Code 2101 Walnut Grove Ct., College Stn., TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Karl P. Mooney	Office sought Mayor Office held Councilman
Date 9/30/16	Payee name Matthew Winkler	
Amount (\$) 160.00	Payee address; City; State; Zip Code 13508 Munson Ave., College Stn., TX 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total p Schedule F1: 5	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date 11/9/16	5 Payee name Natasha Romero	
6 Amount (\$) 160.00	7 Payee address; City; State; Zip Code 1614 Cloverdale Ct, College Station, TX 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor - remove signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/9/16	Payee name Eddie Bass	
Amount (\$) 160.00	Payee address; City; State; Zip Code 1711 Summerwood Loop, Bryan, TX 77807	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Labor - remove signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/9/16	Payee name Charles Landrum	
Amount (\$) 160.00	Payee address; City; State; Zip Code 7606 A Tecan Ridge Dr, Bryan, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Labor - remove signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME: Karl P. Mooney		3 Filer ID (Ethics Commission Filers)	
4 Date: 11/01/16		5 Payee name: Fest Signs			
6 Amount (\$): 468.00		7 Payee address; City; State; Zip Code: 404 University Dr. E., College Station, TX 77840			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): Campaign signs for polling places		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 4/15/16		Payee name: Laura Mooney			
Amount (\$): 1,530.00		Payee address; City; State; Zip Code: 2101 Walnut Grove Ct. College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Partial Loan Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 10-26-17		Payee name: Bryan Broadcasting			
Amount (\$): 600.00		Payee address; City; State; Zip Code: E. Rudder Trwy, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Radio advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Karl P. Mooney		3 Filer ID (Ethics Commission Filers)	
4 Date 11-15-16		5 Payee name Laura Mooney			
6 Amount (\$) 4885.78		7 Payee address; City; State; Zip Code 7101 Walnut Grove Ct, College Station, TX 77845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Pay remainder of campaign loan		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11-16-16		Payee name Karl P. Mooney			
Amount (\$) 853.06		Payee address; City; State; Zip Code 7101 Walnut Grove Ct, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Pay portion of campaign loan		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11-20-16		Payee name Karl P. Mooney			
Amount (\$) 3428.56		Payee address; City; State; Zip Code 7101 Walnut Grove Ct, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Pay portion of campaign loan		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <u>1</u>	2 FILER NAME <u>Karl P. Mooney</u>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <u>0.00</u>
---	----------------

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME

Karl F. Mooney

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

NA

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

NA

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 12,719.19

5 Date:

6 Payee name

7 Amount (\$)

8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

10

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office

Office held

Date:

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 12,719.19
5 Date: 8/01/16	6 Payee name: My Campaign Store LLC	
7 Amount (\$): 893.57	8 Payee address; City; State; Zip Code 304 Whitington Hwy. Suite 201, Louisville, KY 40208	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date: 8/05/16	Payee name: WIX.COM	
Amount (\$): 120.00	Payee address; City; State; Zip Code 275 W. 43rd St., New York NY	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME: Karl F. Nooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 12,719.19

5 Date: 8/18/16	6 Payee name: USPS	
7 Amount (\$): 35.00	8 Payee address; City; State; Zip Code: College Station, TX 77845	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/23/16	Payee name: Appel and Printing	
Amount (\$): \$1,300.71	Payee address; City; State; Zip Code: 1907 Texas Ave S, College Station, TX 77800	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising - Press cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 13,719.19
5 Date 8/31/16	6 Payee name Allied Shirts	
7 Amount (\$) 16.52	8 Payee address; City; State; Zip Code 11525A Stonehollow Dr., Austin, TX 78758	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 8/31/16	Payee name Facebook	
Amount (\$) 16.61	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE F4 AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:

18

2 FILER NAME

Paul P. Mooney

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 12,719.19

5 Date

9/01/16

6 Payee name

Facebook

7 Amount (\$)

5.74

8 Payee address; City; State; Zip Code

1 Hacker Way, Menlo Park, CA 94025

9 TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

9/02/16

Payee name

Appelend Printing

Amount (\$)

469.53

Payee address; City; State; Zip Code

1902 Texas Ave S, College Sta., TX 77840

TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Printing Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME Karl F. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 18,719.19
5 Date 9/27/16	6 Payee name Fast Signs	
7 Amount (\$) 3,045.73	8 Payee address; City; State; Zip Code 404 University Dr., College Sta., TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/25/16	Payee name LOWE'S	
Amount (\$) 49.99	Payee address; City; State; Zip Code 4451 St. Hwy 6 S, College Station, TX 77845	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - Sign Posts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME Karl P. Marney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 18,719.19
5 Date 9/25/16	6 Payee name The Home Depot	
7 Amount (\$) 89.10	8 Payee address; City; State; Zip Code 1615 Univ. Dr. E, College Stn., 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising-Sign Post tools	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 9/25/16	Payee name The Home Depot		
Amount (\$) 780.91	Payee address; City; State; Zip Code 1615 Univ. Dr. E, College Stn., TX 77840		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising-Sign Posts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 12,719.19
5 Date 9/26/16	6 Payee name Fast Signs	
7 Amount (\$) 307.43	8 Payee address; City; State; Zip Code 404 Univ. Dr. E. College Sta., TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising - Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/29/16	Payee name The Home Depot	
Amount (\$) 139.05	Payee address; City; State; Zip Code 1615 Univ. Dr. E., College Sta., TX 77840	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 13,719.19
5 Date 9/29/16	6 Payee name The Home Depot	
7 Amount (\$) 62.72	8 Payee address; City; State; Zip Code 1615 Univ. Dr. E., College Sta., TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising - Sign Posts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/29/16	Payee name Fast Signs	
Amount (\$) 153.72	Payee address; City; State; Zip Code 404 Univ. Dr. E., College Sta., TX 77840	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **18** 2 FILER NAME **Karl P. Moody** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **13,219.19**

5 Date **9/14/16** 6 Payee name **Facebook**

7 Amount (\$) **35.00** 8 Payee address; City; State; Zip Code **1 Hacker Way, Menlo Park, CA 94025**

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **10/18/16** Payee name **Aggie Land Printing**

Amount (\$) **49.50** Payee address; City; State; Zip Code **1902 Texas Ave S., College Station, TX 77840**

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising expense** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18

2 FILER NAME

Kent P. Moody

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 12,719.19

5 Date

10/01/16

6 Payee name

Facebook

7 Amount (\$)

42.00

8. Payee address; City; State; Zip Code

1 Hacker Way, Menlo Park, CA 94025

9 TYPE OF EXPENDITURE

☒ Political☐ Non-Political

10

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expense11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

10/02/16

Payee name

Bryan Broadcasting

Amount (\$)

2,688.00

Payee address; City; State; Zip Code

2700 E. Redder Frey College Sta, TX 77845

TYPE OF EXPENDITURE

☒ Political☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Radio

Description

☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expenseComplete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel-In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **18** 2 FILER NAME: **Karl P. Mooney** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **12,718.19**

5 Date: **9/05/16** 6 Payee name: **Arnie's Warehouse**
7 Amount (\$): **34.85** 8 Payee address; City; State; Zip Code: **2830 Hicks St., Houston, TX 77007**

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule): **Event Expenses** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **10/07/16** Payee name: **Fast Signs**
Amount (\$): **285.28** Payee address; City; State; Zip Code: **404 University Dr E., College Sta., TX 77740**

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule): **Advertising - Signs** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:

18

2 FILER NAME

Rat F. Monecy

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 17,719.19

5 Date

10/07/16

6 Payee name

Fast Signs

7 Amount (\$)

246.81

8 Payee address; City; State; Zip Code

404 University Dr. E, College Sta, TX 77845

9 TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising-Signs

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

10/09/16

Payee name

THE Home Depot

Amount (\$)

39.73

Payee address; City; State; Zip Code

1615 University Dr E, College Sta., TX 77840

TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising-Sign Posts

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages of Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 13,719.19
5 Date 10/21/16	6 Payee name Facebook	
7 Amount (\$) 50.07	8 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/26/16	Payee name Bryan Broadcasting	
Amount (\$) 400.00	Payee address; City; State; Zip Code 3100 E. Earl Rudder Hwy, College Station, TX 77845	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 12,719.19
5 Date 10/28/16	6 Payee name My Campaign Store, LLC	
7 Amount (\$) 534.07	8 Payee address; City; State; Zip Code 384 Worthington Hwy, Suite 200, Louisville, KY 40222	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 1/31/16	Payee name Facebook	
Amount (\$) 25.08	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 17,719.19
5 Date 10/18/16	6 Payee name Appleland Printing	
7 Amount (\$) 488.21	8 Payee address; City; State; Zip Code 1902 Texas Ave. S., College Station, TX 77845	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 10/18/16	Payee name Fast Signs		
Amount (\$) 64.95	Payee address; City; State; Zip Code 404 Univ. Dr. E., College Stn., TX 77840		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 18,719.19
5 Date 8/20/16	6 Payee name Appelared Printing	
7 Amount (\$) 21.87	8 Payee address; City; State; Zip Code 1907 Texas Ave S, College Station, TX 77840	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Thank you cards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

10/31/16	Payee name Facebook	
Amount (\$) 38.53	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: *18* 2 FILER NAME: *Karl P. Mooney* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ *13,719.19*

5 Date: *11/30/16* 6 Payee name: *Facebook*

7 Amount (\$): *38.29* 8 Payee address; City; State; Zip Code: *1 Hacker Way, Menlo Park, CA 94025*

9 TYPE OF EXPENDITURE: ☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): *Advertising* (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: *10/18/16* Payee name: *Appie and Printing*

Amount (\$): *538.01* Payee address; City; State; Zip Code: *1902 Texas Ave S, College Station, Tx 77840*

TYPE OF EXPENDITURE: ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): *Advertising* Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME Karl F. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date 10/8/16	5 Payee name Karl F. Mooney	
6 Amount (\$) 75.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2101 Walnut Grove Ct., College Station, TX 77845	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Karl F. Mooney	Office sought Mayor
		Office held Councilman
Date 10/29/16	Payee name Karl F. Mooney	
Amount (\$) 43.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2101 Walnut Grove Ct., College Station, TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Karl F. Mooney	Office sought Mayor
		Office held Councilman
Date 10/30/16	Payee name Karl F. Mooney	
Amount (\$) 26.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2101 Walnut Grove Ct., College Sta., TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Karl F. Mooney	Office sought Mayor
		Office held Councilman

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME Karl P. Mooney		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/16		5 Payee name McDonald's			
6 Amount (\$) 3.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Tower Pt., College Station, TX 77845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/16		Payee name Whataburger			
Amount (\$) 9.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Ex-Rudder Ferry, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/16		Payee name Salt Grass			
Amount (\$) 31.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Tower Point, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/16	5 Payee name Subway	
6 Amount (\$) 6.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Two Front, College Station, TX 77845	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/01/16	Payee name Chicken Express	
Amount (\$) 8.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Welborn Rd., College Station, TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/04/16	Payee name Blue Baker	
Amount (\$) 9.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Arrington Rd., College Station, TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total p Schedule G: 7		2 FILER NAME Karl P. Moruey		3 Filer ID (Ethics Commission Filers)	
4 Date 11/09/16		5 Payee name Marcos Pizzeria			
6 Amount (\$) 17.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Braham Rd, College Station, TX 77845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food & Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/06/16		Payee name Wings 'N More			
Amount (\$) 21.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Deacon & Texas St, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food & Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/07/16		Payee name Blue Baker			
Amount (\$) 9.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Univ. Drive E, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food & Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total names Schedule G: 7		2 FILER NAME: Karl P. Mooney		3 Filer ID (Ethics Commission Filers)	
4 Date: 11/07/16		5 Payee name: Jasco's Deli			
6 Amount (\$): 34.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code: Texas Ave, College Station, TX 77845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 11/08/16		Payee name: Kelache Ruff			
Amount (\$): 5.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code: Rock Prairie + Longview, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 11/08/16		Payee name: Wata burger			
Amount (\$): 24.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code: E. Rudder Hwy, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Food + Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total lines Schedule G: 7		2 FILER NAME Karl P. Mooney		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/16		5 Payee name Exxon Mobil			
6 Amount (\$) \$6.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Wm. Fitch + E. Reddick Trwy, College Station, TX 77845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fuel for travel in district		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 11/05/16		Payee name HEB			
Amount (\$) \$2.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Tower Point, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fuel for travel in district		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 11/08/16		Payee name HEB			
Amount (\$) \$3.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Tower Point, College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fuel for travel in district		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 2em; font-weight: bold;">7</div>	2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Karl P. Mooney</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em; font-family: cursive;">11-14-16</div>	5 Payee name <div style="font-size: 1.5em; font-family: cursive;">Karl P. Mooney</div>	
6 Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">4933.41</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">3101 Walnut Grove Ct., College Station, Tx 77845</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Payment for campaign expenses by personal credit cards</div> </div> <div style="width: 50%;"> (b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> (b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> (b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1 2 FILER NAME Karl P. Mooney 3 Filer ID (Ethics Commission Filers)

4 Date 5 Business name

6 Amount (\$) 0 7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>Karl P. Mooney</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) <i>0</i>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>	
2 FILER NAME <u>Carl P Mooney</u>		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$) <u>0</u>
 6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received		Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received		Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received		Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Karl P. Mooney

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

NONE

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

Karl P. Mooney

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Karl P. Mooney
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Karl P. Mooney
Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Karl P. Mooney
Signature of Officeholder